Alcohol Dependency Treatment Enhances Recovery

BY BETSY BATES
Los Angeles Bureau

SANTA BARBARA, CALIF. — People who receive any form of treatment to help them with alcohol dependency are twice as likely to recover as are those who receive no treatment.

However, recovery prompted by treatment is often a slow process, and may take longer than recovery initiated and carried out by an individual on his or her own, Deborah A. Dawson, Ph.D., reported at the annual meeting of the Research Society on Alcoholism.

Dr. Dawson and her colleagues at the National Institute of Alcohol Abuse and Alcoholism identified several predictors of success and failure in alcohol dependency recovery by studying a subset of individuals included in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC).

The cohort included 4,422 subjects from the nationally representative NESARC sample who met DSM-IV diagnostic criteria for alcohol dependency.

Some of the findings were counterintuitive. Individuals with anxiety disorders or family history of alcohol dependence were more likely to recover.

About 64% of the sample was still dependent on alcohol, while 36% had recovered to some degree, either achieving total abstinence or continuing to drink without possessing symptoms of alcoholism.

Hazard ratio curves showed remission and recovery short of abstinence peaked about 1-4 years after the onset of dependence before declining by about half in the next 5 years and then reaching a steady mean. Abstinent recovery showed no peak, but was achieved by individuals over time.

Proportional hazard models with time-dependent covariates showed several characteristics predictive of recovery.

"Treatment was by far the strongest positive predictor of abstinent recovery. A prior history of relapse was the strongest negative predictor of all types of recovery," said Dr. Dawson.

Recovery was less likely in people whose onset of dependence was rapid and/or early, starting before 18 years of age.

That might not be surprising, but some of Dr. Dawson's findings were counterintuitive. For example, she found individuals with anxiety disorders and those with a positive family history of alcohol dependence were more likely to recover from alcohol dependency. Individuals with personality disorders were less likely to achieve an abstinent recovery.

Smoking and recent smoking initiation were positively associated with abstinent recovery, perhaps because cigarettes serve as a substitute for alcohol in some individuals, Dr. Dawson said.

And individuals who were still dependent on alcohol 3 or more years after quitting smoking had diminished rates of recovery. But stopping smoking more recently was positively associated with stopping drinking as well.

Current drug use, as expected, lowered the chances of any form of recovery, but quitting drugs more than 3 years ago was positively associated with recovery.

Having attended college lowered the likelihood of achieving recovery or abstinent recovery, with hazard ratios of 0.77 and 0.69, respectively. Other life events affected the chances of recovery as well.

Getting married for the first time—or, ironically, being newly divorced—strongly enhanced chances of any degree of recovery and of nonabstinent recovery, with nonabstinent recovery hazard ratios of 1.39 and 1.94, respectively.

But having been married or divorced for more than 3 years failed to have the same effect. In fact, Dr. Dawson found being married for more than 3 years had a negative association (hazard ratio 0.77).

A recent graduation neither positively nor negatively associated with recovery. But completing schooling more than 3 years ago was negatively associated with achieving any recovery, and starting a full-time job more than 3 years ago was negatively associated with an abstinent recovery.

Transitions in life are not necessarily causal in terms of enhancing recovery chances, Dr. Dawson said. "Rather, failure to recover shortly after making these transitions is a strong indicator that recovery is not likely to occur in the future." ∎

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